

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR -9 PM 1:23

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L95000000711**  
HOTEL LEON, L.C.  
841 COLLINS AVE  
MIAMI BEACH FL 33139

1a. Principal Place of Business Address  
~~5937 N.E. 6TH AVENUE~~  
~~MIAMI FL 33137~~  
841 COLLINS AVE  
MIAMI BEACH FL 33139

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Organized or Qualified  
09/15/1995

3a. State of Formation  
FL

4. FEI Number  
65-0626859  
 Applied For  
 Not Applicable

5. Date of Last Report  
03/02/1998

6. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
GABRIEL, ERIC  
~~5937 N.E. 6TH AVENUE~~  
~~MIAMI FL 33137~~  
1100 WEST AVE #4  
MB, FL 33139

8. Name and Address of New Registered Agent/Office  
Name  
ERIC GABRIEL  
Street Address (P.O. Box Number is Not Acceptable)  
1100 WEST AVE #4  
Suite, Apt. #, etc.  
~~#4~~  
City  
MB  
Zip Code  
FL 33139

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOT Registered Agent Signature) (Print Name)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	GABRIEL, ERIC	841 COLLINS AVE	MIAMI BEACH FL
MEM	RAFFELE, LORETTA	841 COLLINS AVE	MIAMI BEACH FL

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\*\*\*\*197.50 \*\*\*\*197.50

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 2.25.99 6733767  
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED MEMBER OR MEMBER